



The Long Term Care Coordinating Council
Wednesday, July 9th, 2014
10:00-11:30 am
Child and Family
1268 Eddy St.
Providence, RI

DRAFT MINUTES

Donna McGowan Kathleen Heren Maureen Maigret Teresa Mota Sakinah Abdur-Rasheed George Sousa Carla Corona Kelly Lee Kathleen Kelly Robin Ethingham Mario Olivihri Lt. Governor Roberts	Dan Meuse Dianna Shaw Jim Nyberg Josie Wong Jennifer Reid Nicholas Oliver Holly Garvey Elena Nicoella Craig Stenning Thomas Martin Jodi Glass Deb Burton	Sally Hay Aida Crosson Mary Lou Moran Michelle Lafrance Maria Barros Lisa Pontarelli Virginia Burke Elaina Goldstein Marea Tumber Donna Leong Geyung Chai Kevin Sullivan
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I. Welcome

Lt. Governor Roberts called the meeting to order. Lt. Governor Roberts also announced that this is Donna Leong's last LTCCC meeting. She is moving to San Francisco, and has taken a job with Golden Gate Parks Conservancy. Sadie DeCourcy is out for the month of July studying for the bar, but she will be the main contact person for the LTCCC moving forward.

II. Approval of minutes from June 11

Edited minutes were sent out through email. They will also be posted on the Secretary of State's website. Minutes were approved.

I. Nursing home update

*Ray Rusin, Chief, Office of Facilities Regulation,
 Director, Radiation Control Program*

Month	State/Federal Inspection	Standard	Follow-up	Complaint	SQC ¹
March	state	8	6	19	0
April	state	8	6	11	0
May	federal	1	-	-	1
June	state	9	5	6	1
July	state	8	6 ²	22	0

¹ Substandard Quality of Care

² Two on-site unannounced follow-up inspections and four follow-up by desk audit of plan of correction documents

Ray stated that all the data for the June report are not back this early in month. Charlesgate hired Triad Health Care Services in May to perform a root cause analysis of quality issues in order to respond to compliance issues. DOH has met with Triad, and will establish a schedule of meetings to monitor the facility's progress. HEALTH will perform unannounced visits every 2 months for a year.

Lt. Governor Roberts asked if the air-conditioning issue at Charlesgate was resolved. Ray stated that there was one unit without full A/C that was running at 74-78 degrees with a temporary A/C unit in place. They are in the process of installing the ductwork for full A/C, but if the work was not completed by June 30th they could be fined \$5,000 per day. Ray had not decided if the temporary unit was sufficient to avoid the fine.

III. 2014 General Assembly Session Review

1. Legislative Review

a. Dan Meuse, Deputy Chief of Staff, Lieutenant Governor's Office

Dan presented an overview of legislation that passed in this recently completed legislative session.

- S2215/H7631: Aging in Community Act of 2014. LTCCC needs to create a subcommittee to study aging in the community. An implementation plan will be discussed at the September meeting.
- S2506/H7678-: Assisted Living Residence Licensing Act. This requires posting of license, administrator contact information and survey report.
- S2526/H7368: RI Access to Medical Technology Innovation Act. Establishes that there will be a one-year moratorium on all new healthcare services and equipment. The act also exempts some CON requirements for the domestic medical tourism industry and multi-practice health facilities.
- S2536/H7790: Expands the definition of healthcare provider to include practitioners and facilities that treat patients for mental health and/or substance abuse for post-payment audits.
- S2354/H7677: This resolution requires the DOH to provide information about assisted living residences on its website. It's non-binding, but was signed by the Governor.

- S2884: Creates rebuttable presumption of fraud/undue influence for documentary donative transfers by elder/dependent persons to persons in fiduciary, legal, familial, caregiver relationships.
- H7331: Expands SOL for exploitation of an elder from 3 to 10 years.
- H7346: This is a Joint Resolution between BHDDH and the hospitals that creates a DD ombudsperson for the people that they serve.
- H7413/S2652: Expands the type of criminal records check required for persons applying to be routine contact patient employees in a long-term facility or provider.
- H8140: Hospital-owned ambulatory facilities can expand beyond their CON without going through the whole certification process.
- S2513/H7137: This act updates the disciplinary and licensing statutes to allow physicians in good standing from another state to practice under a short-term license in RI. Situations where this may apply are team physicians travelling with a team, humanitarian activities and technical one-time consultations and trainings.
- H7526: Removes the sunset provision from the act that allows the department of health to issue statutory variances from one or more of the specific requirements of the Health Care Services Utilization Review Act.
- H7639- This resolution acknowledges family caregivers, and encourages innovative supports for in-home care.
- H7091: Allows for the release of patient records for investigation and prosecution if a HCP believes that the patient is or has been abused.
- S2298- This legislation addresses taxation of for-profit hospital facilities.
- S3120: Creates a new pregnancy and at-risk prevention services program at EOEHOHS.
- H7341: This act requires that mammograms include information about breast density and, in certain circumstances, the benefits of further screening.
- H7370: This act licenses and regulates maxillofacial surgery assistants, increases the oversight of the dentistry boards over dentists, dental hygienists and surgery assistants.
- H7542- Optometrists do not need to provide specific services at a fee set by an insurer, unless the insurance company is covering the fee.

Jim Nyberg stated that an amended version of the SSI bill was included in budget article 15. Lt. Governor Roberts stated that there were no significant vetoes, and the GA is not expected to come back into session this year.

b. Budget Review, Elena Nicolella, Director of Policy and Innovation, RI Executive Office of Health and Human Services

Elena Nicolella highlighted budget articles with a financial impact on EOHHS and Medicaid.

- There was a change to the cash supplement program in article 15 and they are working with DHS to implement this change. Lt. Governor Roberts stated that there is confusion about this article, and she asked if the payment stayed the same or increased. Elena agreed that the article was confusing and that depending on an individual's residence their supplement may have increased slightly. She said that EOHHS is working with DHS to promulgate the regulations.

- Under article 18, there was a change to the medical assistance program in the nursing home payment methodology. The Governor's proposed budget eliminated the national inflation index increase that was to go into effect October 1, 2014; the General Assembly reinstituted the increase, effective April 1, 2015.
- Elena reported that there are several provisions in article 18 that impact ICI-MCO arrangements. MCO payments to nursing homes must now be equal to fee-for-service rates, and EOHHS is assessing the gap between these payments. This is a systems challenge, and the first area in the new budget that EOHHS is looking at. Lt. Governor Roberts asked if there was a LTSS adjustment in the nursing home COLA; Elena stated that there was not.

There are items that were not in the budget articles, but are budget initiatives that EOHHS is looking at. They are looking at high-cost utilizers, in particular for LTC. Generally these costs are for hospitalizations and ER care and are billed to Medicare. EOHHS wants to ensure that MCOs will focus on reducing hospitalizations in this population. EOHHS is also looking at pricing of durable medical equipment, and how it affects both Medicaid and non-Medicaid populations.

Elena also addressed delays in getting people into nursing homes, and stated that EOHHS is looking at the time to get approvals, and what the drivers are for delays, i.e. are the delays in EOHHS financial eligibility determination or related to clinical assessment? There are 3 state entities involved in LTC eligibility that can contribute to the delays, and they want to improve this.

Elena also discussed the pursuit of Community First Choice, which is a new option for states to increase their federal match to 60%. However, the Federal program has a lot of specific rules about the use of the money, and this is problematic. The eligibility criteria for CFC are a little less stringent than for Medicaid, using 150% FPL as the cut-off.

There was a change in financial LTC eligibility in article 19 that closes the loophole for the approximately 60 people per year whose home ownership was not counted when determining eligibility.

Craig Stenning gave an update on the impact of the budget on BHDDH:

- The general assembly transferred behavioral health expenditures eligible for a Medicaid match from BHDDH to EOHHS. The appropriated amount was decreased to reflect actual expenditures, and this resulted in a reduction of approximately \$10 million.
- The budget for services for people with developmental disabilities is impacted by the DOJ consent decree. That decree may influence young adults to graduate from school earlier than they otherwise would have in order to find employment.
- The budget did not include any general revenue for CNOM eligible populations under 138% FPL. The rationale behind this decision was the expectation that these individuals would be eligible for Medicaid through the expansion. Unfortunately, some

individuals are not able to access Medicaid through the expansion. Some of the reasons for this are Medicare eligibility as well as immigration status. Lt. Governor Roberts asked for a breakdown of the CNOM population.

- Craig Stenning also discussed the difficulty he has shifting money due to various restrictions in his budget. The GA also delayed the construction of a new state hospital building and a hospital capacity study. He is concerned about JCAHO accreditation issues, particularly in forensics. Also, filling vacancies by having current staff work overtime will increase rather than decrease spending. Lt. Governor Roberts suggested that the group discuss the budget implications on BHDDH in more detail at the next meeting.

Elaina Goldstein expressed concern about people with disabilities not being prompted to report their disabilities on the exchange. There is an exception in the ACA, and people with disabilities have eligibility at higher income levels for Medicaid, so without the prompt they may mistakenly believe they do not qualify for Medicaid. Elena Nicolella asked for specific situations so that she can look into the problem.

II. Non-emergency Medical Transportation

Tom Martin, EOEHHHS

George Martin, LogistiCare

The numbers for 'no vehicle available' (NVA) are down, as are the number of complaints. A new company that started service in mid-June had the most complaints, so they are assessing this new company. They have met with advocacy groups to address scheduling issues and to ensure that providers have appropriate standing orders. Staff supervisors at LogistiCare are contacting facilities where complaints are coming from, and all but one improved.

Kelly Lee stated that caregivers don't care about statistics; if one family is negatively impacted, the situation is still bad. When a ride doesn't show up, caregivers are at risk of losing their jobs. Elena Nicolella said that the state and LogistiCare are working very hard to resolve these issues. She agreed that a taxi is not ideal, but in rare circumstances, it is better than nothing.

George Martin stated there is a new training program starting in August with a new curriculum. The network update is that they have four new companies, and all are providing taxi service.

There was discussion about the PUC and that their regulations are very restrictive. PACE has not yet met their criteria, yet taxis do. PUC won't allow the cars to be marked, and this is very confusing for consumers who are wary of unmarked vehicles. PUC only allows handheld signs, and said LogistiCare can use dry erase boards. Lt. Governor Roberts stated that the law may need to be changed, that the PUC is enforcing rules designed for commercial vendors that may not always be relevant for senior transportation. There may be different requirements for those already licensed service providers through HEALTH,

for example. Jim Nyberg suggested a PUC waiver for PACE and other non-profits because the regulations are administratively difficult for each individual agency.

Other issues raised -- drivers need to be trained in passenger safety and sensitivity, e.g. driving people home after chemo treatments. Also, people want to have the same vehicle pick them up every day, so they have familiarity with the vehicle and driver. Also, since the service is not curb-to-curb, facility staff need to help people out to vehicles and this is very impactful on them.. Another concern with taxis is the lack of ramps and wheelchair lifts.

George stated that he sends the same vehicle and driver when he can, but it's challenging. He also stated that the lack of vehicle/driver consistency is an industry-wide problem. RIDE is the only company that tries to identify and group people together who are going to the same sites. Most companies won't do this, however, and he agreed that it's very inefficient.

III. Subcommittee Updates

a. New Subcommittee

Lt. Governor Roberts announced that a new subcommittee was created from the Aging in the Community Act of 2014 (H 7361/S 2215). This subcommittee will be charged with developing a plan to provide the needed infrastructure and program improvements in support services, housing and transportation that will enable the state's growing elder population to safely remain living at home and in community settings. The aging in community plan will include an inventory of available services, identification of service and program gaps and resource needs. The bill also calls for additional members to be invited to the subcommittee, including: members of the state's academic community with expertise in aging services and community-based long-term supports and services as the council deems appropriate.

This group will be appointed in the fall, and Sadie is the contact person. Lt. Governor Roberts said that she needs to read the appointment rules, but that anyone interested should let her know and that she would like to recruit new stakeholders. Bill Flynn and Maureen Maigret stated that there are waiting lists for Meals of Wheels and respite care, and they want the General Assembly to be aware of these issues.

b. LGBT Elder Care

Sally Hay reported that the LGBT Elder Care group showed the movie GenSilent, and has held listening sessions and planning meetings. Consumers at the listening sessions expressed concern about cultural competency in LTC facilities. This is a generation that lived by being invisible, and some have fears about having to go back into the closet when they enter a LTC facility. Providers need to be trained in cultural competency, and consumers need to be empowered to expect dignified treatment. Overall, facilities need to be more welcoming to the LGBT population.

Elena Nicolella mentioned that she has a brief for federal processes in LTC for same-sex couples and will forward it to Sally Hay. Lt. Governor Roberts said that the LGBT

subcommittees meet every 2-3 weeks, and that the meeting minutes are available at: <http://www.ltgov.ri.gov/lgbt/>

c. Alzheimer's State Plan Commission

The Family Caregivers Task Force and the Professional Workforce Task Force met on July 10th. One of the major tasks that the Professional Workforce Task Force wanted to accomplish was the passage of a Dementia Care Unit Resolution, which would work to make dementia care unit definitions consistent. However, this resolution was not passed and the group will be working on an alternative way to create a consistent dementia care unit definition.

URI has funded a full-time IT position, and a significant portion of that individual's responsibility will be the creation and maintenance of a website for local Alzheimer's Disease resources. There will be an Alzheimer's conference March 5th that will bring together local researchers from Brown and Butler.

d. ICI CAC

The ICI-CAC met on July 2nd. Holly Garvey gave a brief enrollment update: RHO had 16,875 members, CCCCCP had 5,096 and PACE had 302. They are also analyzing the LTSS opt-out populations. The next ICI-CAC meeting will be September 3rd, 2014 from 10:00-11:30 at Child and Family.

The marketing subcommittee met for the first time on June 24. The focus of the group will be on reaching out to physicians and educating them on the program, as well as looking ahead to Phase II outreach to both providers and consumers. The next marketing subcommittee meeting is July 29 from 3:30-4:30 pm at the YMCA, 371 Pine St. Providence.

IV. Public Comment

Ray Rusin mentioned that DOH has a new, more consumer friendly site that has a great Google-based search tool.

Elena Nicolella said that CMS's interpretive guidelines are now on the website rather than in written form. Also, EOHHS submitted a No Wrong Door referral and planning grant. If the \$185,000 grant is awarded, it would support many of the initiatives of this group.

V. Next Meeting: 10:00- 11:30 am on Wednesday, September 10th at Child and Family (1268 Eddy St. Providence)

REMINDER: NO MEETING IN AUGUST!